

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED AUG 8 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

26324

Registration District No. 104

Primary Registration District No. 200

Registrar's No. 1565

1. PLACE OF DEATH:

(a) County St. Louis County  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Veterans Administration Facility  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Admitted 7/21/41.  
(Specify whether years, months or days) Unknown.

3. (a) PRINT FULL NAME Lee Shields

3. (b) If veteran, name war World War 3. (c) Social Security No. None.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alberta 6. (c) Age of husband or wife if alive 29 years  
7. Birth date of deceased December 29, 1896  
(Month) (Day) (Year)

8. AGE: Years 44 Months 6 Days 26 If less than one day hr. min.

9. Birthplace Clarksville, Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer.

11. Industry or business -

12. Name Edward Shields  
13. Birthplace Clarksville, Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Little Wyatt  
15. Birthplace Clarksville, Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schilling  
(b) Address Clinical Clerk, VAF, Jeff. Bk., Mo.

17. (a) Burial (b) Date thereof 7/30/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Brks

18. (a) Signature of funeral director J.H. Randle & Son  
(b) Address 3133 Bell Avenue

19. (a) JUL 28 1941 (b) [Signature] (c) [Signature]  
(Date received local registrar) (Registrar's signature) (Licensed Embalmer's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2314-A Chouteau Avenue  
(If rural, give location)  
(e) Citizen of foreign country? - (Yes or No)  
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th  
year 1941 hour 6:30 minute 2 A. M.

21. I hereby certify that I attended the deceased from July 21, 1941 to July 25, 1941  
that I last saw him alive on July 25, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Nephrolithiasis, bilateral, with severe kidney damage and uremia. Duration Unknown

Due to -  
Due to -

Other conditions None.  
(Include pregnancy within 3 months of death)

Major findings: Of operations No operation.  
Of autopsy Autopsy performed. See cause of death.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) -  
(b) Date of occurrence -  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? [Signature] (c) Means of injury -  
23. Signature L. M. COCHRAN, M.D. (M. D. or other) 0  
Address Chief Medical Officer. Date signed 7/25/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 3 1971

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.